

**DECLARATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ORALLY ADMINISTERED DOSAGE FORMS OF FUSED GABA ANALOG PRODRUGS HAVING  
REDUCED TOXICITY**

the specification of which:

(check one)

[X] is attached hereto;

[] was filed as United States Application Serial No. \_\_\_ on \_\_\_, and was amended on (if applicable);

[] was filed as PCT International Application No. \_\_\_ on \_\_\_ and was amended under PCT Article 19 or Article 34 on \_\_\_ (if applicable);

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information which is known to me to be material to the patentability of said invention in accordance with 37 C.F.R. §1.56;

I hereby claim foreign priority benefits under 35 U.S.C. §119 and/or §365 of any foreign application(s) for patent, any foreign application(s) for inventor's certificate, or any PCT international application(s) designating at least one country other than the United States of America listed below; I have also identified below any foreign application(s) for patent, any foreign application(s) for inventor's certificate, or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Prior Foreign Application(s)

COUNTRY/INTERNATIONAL	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

60/432,931 December, 11, 2002  
(Application Number) (Filing Date) (day, month, year)

60/433,243 December, 12, 2002  
(Application Number) (Filing Date) (day, month, year)

I hereby claim the benefit under 35 U.S.C. §120 and/or §365 of any United States application(s) or of any international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date(s) of the prior application(s) and the national or PCT international filing date of this application:

Prior U.S. Application(s) or PCT International Applications Designating the U.S. for benefit under 35 U.S.C. §120

U.S. APPLICATIONS		STATUS (check one)		
U.S. APPLICATION NO.	U.S. FILING DATE (day, month, year)	Pending	Patented	Abandoned
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE (day, month, year)	U.S. APPLICATION NOS. (if any)		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor:

**Mark A. GALLOP**

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: 511 Orange Avenue, Los Altos, CA 94022

Citizen of: New Zealand

Post Office Address: Same as above.

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